

EPISODE 772

Facts About Ozempic, Long-Term Weight Loss, & Gut Health

With Guest Dr. William Davis

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SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today. Millions of people are on calorie restriction programs of some form in efforts to lose weight right now. But according to a meta-analysis conducted by researchers at UCLA, Only a small percentage of people using conventional calorie-restricted programs are able to lose weight and keep it off.

The question is, why do we keep doing something that doesn't work? And this is not to say that it doesn't work across the board. It works for a small percentage of people, but for the majority of our citizens and also this is a worldwide phenomenon, there is something not adding up. Something is not right in this conventional calorie restriction approach.

And on this episode, we're going to dig into the details on why it's not working. As a matter of fact, we don't look at some of the new injunctions as far as weight loss treatments are concerned with these newly invented weight loss drugs like Ozempic and Wagovi and surgeries like bariatric surgery and things like that, which are in efforts to get us to reduce our calorie intake.

What are some of the long-term ramifications that we're now seeing now that we've got a sizable amount of data on these things? Do those things lead to long-term weight loss? So we're going to unpack all that, look at the data, and look at the surprising insights on what's really contributing to long-term weight loss. What are the things that we really need to focus on? An upgrade in our lives to really support long-term weight loss. But the question isn't just about weight loss. It's the type of weight that we're losing, right? Are we losing actual body fat? Or are we losing other things that we don't want to lose?

And we're going to talk about that with our special guest as well. And this is one of my favorite conversations of the year so far. Buckle up and be ready. Now, during our conversation, I was actually surprised to hear how certain nutrients he's identified in numerous studies that he's conducted as a physician, as a scientist.

Again, certain nutrients that he's identified in his studies that he's conducted that support weight loss and, as a side effect, dramatically improved skin health in study participants. Now, one of those nutrients is hyaluronic acid, and you're going to hear him talk about that. But combining that with the power of a long revered, science-backed tea can really be something powerful for healthier, vibrant skin.

A randomized, double blind, placebo controlled trial published in the journal Complementary Therapies in Medicine. Utilized green tea for four weeks. At the conclusion of the study, participants showed a significant reduction in acne precursors and skin irritation, aka inflammation, versus the placebo group.

Green tea is powerful for a myriad of things, but we often don't think about it in terms of the health of our skin, but it's not just any form of green tea. There's a form of green tea that works even better for improving the health of our skin. Thanks in part to the amino acids that it supplies and I'm talking about sun goddess matcha green tea. It's shaded 35 percent longer for extra L theanine. Which is important for our nervous system and our skin is the outermost extension of our nervous system. It is crafted by a Japanese tea master and there are less than 15 Japanese tea masters in the world and it's also the first matcha that is quadruple Toxin screened for purity.

No added nonsense, no preservatives, no sugar, artificial sweeteners, none of that stuff. Just the very best matcha green tea in the world. And combining the sun goddess matcha green tea from Pique with their BT fountain formula that contains clinically proven ceramides and hyaluronic acid. That is again, science-backed proven to reduce fine lines, boost skin elasticity and provide deep hydration for visible results in less than two weeks. You can get these together right now in an incredible bundle for 15 percent off plus free shipping and other bonuses like A free tea sample frother and much more with the bundles from piquelife. Go to piquelife.com/shawn and again, you're gonna get up to 15 off plus free shipping and access to other bonuses like free tea samples. They've got a 12 tea samples. You could try their other award winning teas plus a frother, depending on which bundle you get. All right, go to piquelife.com/shawn. That's PIQUELIFE.COM/SHAWN and get hooked up for better skin and better health overall. And now let's get to the Apple podcast review of the week.

ITUNES REVIEW: Another five-star review titled my go to podcast by Ash Markay. So glad I found this podcast. In today's world, we need someone like this to help make more people aware and educated on health and wellness. I look forward to gaining so much knowledge every time I listen. Thank you. Keep them coming.

SHAWN STEVENSON:

Awesome. Thank you so much for leaving that review over on Apple Podcasts. I truly do appreciate that. And if you yet to do pop over to Apple Podcasts, leave a review for The Model Health Show, share your voice, share your heart. I really do appreciate that. And without further ado, let's get to our special guest and topic of the day.

William Davis, MD, is a cardiologist and number one New York Times bestselling author. Dr. Davis is a graduate of the St. Louis University School of Medicine with training in internal medicine and cardiovascular disease and advanced training in interventional procedures at the Case Western Reserve University Hospitals. And he's also one of my greatest mentors and favorite people in the world of health and wellness. Let's dive in this conversation with the amazing, Dr. William Davis. We've got a legend here in studio. Finally, for the first time, four times. All right. Four time champion on The Model Health Show. Dr. William Davis.

SHAWN STEVENSON:

Good to see you.

DR. WILLIAM DAVIS:

Thank you, Shawn. Great to see you. Honored to be back.

SHAWN STEVENSON:

Awesome. Awesome. All right. So we've got several studies indicating how conventional calorie restriction actually doesn't seem to be effective for long-term weight loss. All right, and this is against our kind of conventional wisdom as well.

Can you talk a little bit about what's going on there?

DR. WILLIAM DAVIS:

Sure, Shawn. It's a great time to be talking about that because a lot of this has come to a head with the GLP agonist drugs. Those are the drugs like Wegovy and Ozempic and Monjaro. The evidence is actually quite clear. If you cut calories, we could call it move more, eat less.

We could call it push the plate away. We could call it some app that identifies your stress triggers. But it's all cutting calories. Or it could be a drug like the GLP 1 agonist. They all cut calories because they make you indifferent or nauseated when you're thinking about food. It could even be a bariatric procedure like gastric bypass or lap band that constricts and reduces stomach volume.

Shawn, all variations on the same theme, reduce calories. But the science is quite clear. A lot of the science, by the way, from our own National Institutes of Health, the NIH, that when you cut calories, regardless of the method, 25 percent or less of the weight you lose is muscle. And muscle is the primary determinant of your basal metabolic rate, that is the rate at which your body burns calories to conduct the work of living. Breathing, digestion, motion, sleep, all

those things. So your body's basal metabolic rate, there's a great study, by the way, called The Biggest Loser Study, based on the TV show. So this NIH group enrolled the graduates of the eighth season of that TV show. So these people are proud, they look great, they lost 70 pounds, 130 pounds, right?

They leave the show, they stay, shown they stay on a low calorie lifestyle and at least a moderate exercise program and all regained the weight. And so this NIH group studied their metabolic rate and found that it had dropped 27 percent. Now The study only went for six years because their funding ran out, but it persisted for all those six years.

So it probably is longer than six years. But what that means is you lose muscle when you cut calories by this extreme effort, right? Several hours per day of exercise and reduced calories. They lose muscle, their basal metabolic rate drops, and it virtually guarantees weight gain. Regain. So the whole notion of cutting calories, even though most doctors say, move more, eat less, cut your calories, all that stuff, they're all deeply flawed ways to not just maintain your weight, but also maintain body shape and youthfulness.

SHAWN STEVENSON:

Now, of course, we've got the dieting protocol, exercise, all those different things. But now you just mentioned we've got these new innovations with drugs for supporting weight loss. Antidiabetic drugs. That's the initial framing, but they're doing basically the same thing. As you just said, getting our bodies in a place where we're eating less and I'm curious, is there any data on what if we stop taking those drugs, for example, that help us to reduce our calorie intake?

DR. WILLIAM DAVIS:

What, what happens? Shawn, you hit the very important findings that have come out of this experience. For instance let's say it's your wife. And she wants to lose 40 pounds, so she pays 12, 000 for a year's worth of Wegovy, say. She loses 40 pounds, of which 10 pounds is muscle. She stops the drug, because most people can't afford that forever. She stops the drug. She regains 32 to 34 pounds, virtually all of which is fat. So you don't regain the muscle. So that 10 pounds of lost muscle. And think about that, Shawn. 10 pounds of ground beef on your kitchen table. It's a lot of muscle.

So she loses 10 pounds of muscle, regains 32 to 34 pounds of fat, very little muscle. She's now more insulin resistant, more prone to pre-diabetes, higher risk for type two diabetes, heart disease. cognitive impairment and dementia and breast cancer. So the FDA showing the FDA approved a class of drugs that ruins The health of Americans at great cost.

So we've made this magnet, this huge wealth transfer from our pockets into the pharma all for temporary solution. So it's really awful. These drugs got approved and I hear my colleagues saying things like they're magical. They're wonderful. It's a breakthrough. No, they're not. They're a temporary crutch that has very dire long-term consequences.

That's just weight regain. When you lose that much muscle, you're also resigning yourself to a life of frailty, long-term, loss of independence, difficulty just doing things like walking to the grocery store, climbing stairs, a reduction in insulin sensitivity. So you're more prone to the ages of the disease of aging. And so that's what we're up against now. The tragedy here, Shawn, is that there are better ways to do this. There are far better ways to manage your body composition and not just focus on loss of weight.

SHAWN STEVENSON:

Yeah. Thank you so much for sharing this. We're going to dig deeper into what those better ways are, of course, but I really want to cover this in a more. Broad way. All right. So just to isolate some of these points and expand our view on this. Essentially, we're looking at a situation with if, say, Wegovy where we have to be on it for the rest of our lives. Are we going to see all of those things take place that you just shared? So we're going to see weight regain. We've got data on this now. And in particular. Regardless of whether we're on it or not, we're going to be losing muscle. And muscle is really one of these things we've seen is highly correlated with longevity. And we're going to subject ourselves to all manner of dysfunction when we're losing our muscle haphazardly in an effort for, a lot of times, even though this is framed as something to help you to prevent chronic diseases, right?

To help you to deal with the symptoms of diabetes. But what it's really doing is accelerating the aging process through the loss of muscle in all these different ways. With that being said, I want to talk a little bit about what happens when we lose our muscle. Alright, so you mentioned insulin resistance.

You mentioned more frailty. What about And you being somebody who's an expert in the domain of cardiology, what about our heart health?

DR. WILLIAM DAVIS:

So whenever we have an increase in insulin resistance and inflammation, which goes hand in hand, you increase, exactly right, Shawn, you increase your cardiovascular risk, as well as risk for being a type 2 diabetic, for hypertension, for fatty liver, for all the diseases we know are all around us. And you're right. With the GLP agonist, you're given a choice. Stop the drug. Allow yourself to regain all that fat and be less healthy and less rich. You lose a lot of money at the same time, or you can continue the drug and be held hostage by the pharmaceutical industry

for a lifetime. That is the awful choice you're given once you start that ball rolling on those class of drugs.

SHAWN STEVENSON:

Now, where's the fat coming from that we do actually lose? Is it going to be predominantly the fat that we're trying to target, say, like visceral belly fat, epicardial? Excess fat things like that.

DR. WILLIAM DAVIS:

So With the GLP agonist, it's about a 50 50 spread subcutaneous to abdominal visceral fat But you're making the central point the real fat to lose is the abdominal visceral fat So those money listeners don't know what I'm talking about.

It's the fat in the abdomen It's the fat that encircles the intestines liver Pancreas, that's the primary driver of insulin resistance. Of course, insulin resistance is the process that causes weight gain or prevents weight loss. And it would be better if we could specifically target abdominal visceral fat while preserving muscle.

The subcutaneous fat, the fat in the buttocks, thighs, neck, etc. will follow. But if you have a strategy, like cutting calories, it's preferential for subcutaneous fat, not for abdominal visceral fat. The bariatric procedures preferentially lose subcutaneous fat. So the GLP agonists are a slight improvement on that equation, but still far from perfect.

There's another NIH study. So the NIH has done a good job of charting out what's wrong, though they don't often interpret it as that. They did another study recently. They took a bunch of people with BMIs of 50. So really big people put them on an extreme low calorie diet and extreme exercise program. Two hours per day, six days a week, strength training and aerobic. They have great success, 123 pounds lost over about a year. Of that, 23 pounds is muscle. Now, it was 18 percent of weight loss, not the usual 25%, so it was an illustration that if you incorporate strength training into your weight loss program, you can blunt, but you can't eliminate the loss of muscle. Even with an extreme effort at strength training. So it's great to strength train. But it does not free you from all the problems of losing muscle. As you point out, losing muscle is an age accelerating phenomenon. It takes you closer to hormonal degradation, to loss of bone mass, loss of muscle mass, of course. And all the factors. Inflammaging, for instance, the inflammation of aging. So losing muscle is a very bad thing to have happen.

SHAWN STEVENSON:

Yeah. Another recent discovery, which again, some of the, a lot of this stuff was just happening and we just didn't know the science behind it, but building and maintaining our muscle also supports our cognitive health, right?

So we know about these compounds called myokines, for example, and BDNF and all these different things. It's just one of those things. We don't want to just be physically fit. We also want to keep our faculties as we age when we just be a really sexy 80 year old that can't remember stuff, right?

So we want the whole package and that whole package comes with strength training as well as a big part of that maintaining our muscle. But that's not the only thing, as you just mentioned, it makes an improvement if we're strength training. But as you shared, there are far better ways to go about this and it's so crazy that we haven't gotten the memo yet.

But unfortunately, again, there's a lot of people, you mentioned the pharmaceutical industry. And sometimes there's well-meaning products for some of these situations, but it's become the dominant thing and it's creating a situation to where we're profiting from our ignorance. These companies are profiting from our sickness.

Now, obviously we have a huge obesity epidemic in the United States. And the last figures again, CDC, NIH is upwards of 75 percent of our citizens are now clinically overweight or obese, and this is based on BMI, by the way, which is not the best metric, but we know what we can just look out and see the changes happen and also what's happening with our kids as well.

And so before we get into some of the solutions, better approaches, I want to talk a little bit about that because this has been framed as well. These new pharmaceuticals to treat weight loss as a standard of care, potentially for children. All right. So do you have any thoughts on that?

DR. WILLIAM DAVIS:

I think it's awful. I think it's unforgivable that we have federal agencies and American Pediatric Society advocating bariatric procedures and GIP1 agonists for children. Now, there are times where you can't control a child with, say Prader Willi syndrome, where they can't control their appetite. But most kids if they're given the right information and the parents are educated, it's really not that tough. It wasn't that long ago, Shawn, right? 50 years ago when all kids were thin, there's no such thing as type two diabetic kid. There's no such thing as an obese teenager. There was none of virtually none.

And so just to return to some of the old ways we did things and push away the profiteering predatory practices of the pharmaceutical industry of the. Ultra processed food industry. It's just a return to some of the old habits. Now, one of the things, if you want to get into some of the things I've stumbled onto is I was playing with microbes and I just happened to choose one microbe that I think is probably the most important microbe of all, and that's *Lactobacillus Rotarii*.

I latched onto that microbe because there is some evidence to show that it has some age-reversing properties. I got the same microbe used in these studies, MIT studies, and started cultivating as yogurt. It's not yogurt. It looks and smells like yogurt. But I had thousands of people doing this because when you do it, all the observations made in animals, smoother skin, increased dermal collagen restore dramatic restoration of youthful muscle and old mouse regains all the youthful musculature of a young mouse. In other words, the myocytes, the muscle cells completely plumped up and became indistinguishable from a young mouse. Testosterone skyrocketed. The immune system was boosted dramatically mating behavior, which is a measure of social behavior improved.

So I got this much same microbe started doing it with. All of us, and Shawn, all the same things happen. One of the things I saw for it, and personally, is I gained 13 pounds of muscle in three weeks. Unlike you, I don't like going to the gym. So I go 15 minutes once a week. I gained 13 pounds of muscle in three weeks, and my strength went up by 50%.

And I've seen this now play out. So I did a clinical trial, and it was, the crazy thing about the human clinical trial I did, Was that because the ladies who do my programs say, Oh, okay, we, the muscle, that's great. It improved immune response. That's wonderful. But we just care about better skin. Okay, fine.

So we do human clinical trial in ladies. I asked them, don't change your diet. Don't change your exercise program. Just get this microbe, *Lactobacillus reuteri*. Now I happen to add a few things for amplification of the skin effects. Collagen peptides, hyaluronic acid, and the carotenoid acid xanthin, all taken orally.

And we did indeed, over three months, show dramatic improvement in their skin. They lost their crow's feet, they lost their smile lines between the eyes. Some lost their forehead wrinkles. They're real happy, increased skin moisture, smoother skin. But we measured their waist circumference. Just because it's free and easy, right?

And the average loss was just short of three inches. Yeah, no change in diet, nothing. Some of the ladies, as much as eight and a half inches off their waist. What was the time span

again? Ninety days, three months. Now, even more interesting, they didn't lose weight. Now, how can a woman lose up to eight and a half inches of her waist, but not lose weight?

Consistent with the animal evidence, consistent with our large anecdotal evidence, increased muscle. And we're seeing that play out now. So what I think I stumbled on, Shawn, by accident, by sheer dumb luck, is a way to specifically target abdominal fat. Preserving or increasing lean muscle mass.

Now we've got more work to do when I do a DEXA type study and quantify the increase in muscle, but I'm seeing it play out every day in real life. People are losing your abdominal circumference, the waist circumference while increasing muscle and having all the wonderful effects that come from that restoration or maintenance of muscle.

SHAWN STEVENSON:

This is amazing. All right. So first of all, we got animal studies showing basically these mice are going from Mickey Mouse to Mighty Mouse, and then in these human clinical trials, activating more of our, I would say superhuman potential, but it's really our natural state. And, you mentioned some of these nutritive factors, like things like astaxanthin, for example.

Let's talk a little bit about some of those components. Like, why did you choose those things?

DR. WILLIAM DAVIS:

Shawn, so I feel great confidence. If we're not treating things, we're restoring things you should have had all along. So that microbe, lactobacillus reuteri, you should have gotten from your mom! When you pass through the birth canal and breastfed, but mom may have lost it because she got exposed to antibiotics.

Or maybe you took amoxicillin 20 years ago for an upper respiratory infection. You lost lactobacillus reuteri. Almost nobody has it anymore. Even though hunter gatherer humans, unexposed antibiotics and other things, all have it. All mammals have that, suggesting lactobacillus reuteri is crucial for mammalian health, and we've lost it.

Now How about the message cut your fat cut your cholesterol cut your saturated fat that awful advice led to modern people abandoning organ meats rich in collagen And the hyaluronic acid, Shawn, I cringe when I hear ladies buying boneless, skinless chicken breast, right? They threw away the hyaluronic acid, for instance.

Lots of ladies are familiar with hyaluronic acid because they apply it topically, like around their eyes. But the real power is ingesting it orally, as you should have by eating skin and

brain and other organs. There you have body wide restoration of skin smoothness, yes. But you also have restoration of joint cartilage.

You also have restoration of arterial health because the lining of arteries, the glycocalyx, is all hyaluronic acid. And we're restoring factors absent. Astaxanthin is one of the carotenoids in addition to beta carotene, cryptaxanthin, zeaxanthin, lutein. Astaxanthin, yet another carotenoid, it's the most powerful among them for antioxidative effects.

I did not appreciate how powerful an antioxidant astaxanthin was. So there's a, the process, of inflammation, the accompaniment of inflammation with aging and astaxanthin is probably one of the most powerful things you can use to suppress or reduce the inflammation of aging. There's also good evidence that each one of those factors, especially collagen and astaxanthin, has independent effects by themselves on reducing waist circumference.

So we put them together. I think what we've got is a synergistic combination. The other thing about this also is that reuteri microbe, the way it works is several ways it works, but one of the ways it works is it sends a signal. From the vagus nerve up to your brain to release the hormone oxytocin.

Lots of you listeners know oxytocin is the hormone of love and empathy. So there's an intensification of affection for the people close to you. There's an increase in generosity. There's an increase in acceptance of other people's opinions. At a time, of course, of record social isolation. Divorce, suicide, and the rise of narcissistic behavior.

That's true, by the way. The psychological community has been tracking, formally tracking, measures of narcissistic behavior since 1963. And since 1963, the incline, the increase in narcissistic behavior, formally measured, has been a 45 degree upward climb, such that in 1963, if I asked somebody, true or false, I am a very important person in this world.

13 percent of people in 1963 said, yes, that's true. Our time is more like 87%. Now, there's a lot of reasons for that. It's not just a loss of oxytocin, right? But what I see, Shawn, is people replacing this microbe. Yes, smaller waist, more muscular, return of youthful musculature, 50 percent rise in testosterone.

And they like people better. I don't think it's a stretch to say this makes people better human beings. You're more generous. You're more concerned with your other people's welfare and you accept their opinions even when you differ with them.

SHAWN STEVENSON:

Oh, wow. With this, as you mentioned, there's a huge lack of that going on right now.

And I love that. That, that analysis looking at the past of I'm a very important person in this world. And I would couple that with today being able to say, I'm a very important person in this world, but I'm not more important than anyone else, right? Having the audacity to say that it requires us to be healthy.

And to be able to perspective take and to be more patient and all these things. And actually in a book that I mentioned your work as well, in my last national bestseller, *Eat Smarter*, I shared a study that was published in the journal *Aggressive Behavior*. As there's journals for everything.

And also some researchers at Oxford University, they wanted to see what would happen when they improve the nutrition of prison inmates. And so this is a population of people that are, of course, determined to be more likely to express aggressive behavior breaking rules and boundaries and things like that.

It's not a blanket thing, of course, but that's just how they're perceived. And so what they did was they split them up into two groups and these were young men and they improved the nutrition of one group. And this was just through general supplementation, vitamins, minerals, omega 3 fatty acids, as super important.

And the other group received a placebo. And over the course of a couple of months, they tracked different biometrics, but mainly tracking their behavior. And what they found was about a 35 percent reduction in aggressive offenses, right? So fighting and aggressive outbursts and things like that in the group that had improved nutrition.

And upwards of like 50 percent in overall. Behavioral offenses and so the researchers were shocked because no therapy, no group therapy, no particular drug interventions were that effective that they had ever seen and another group of researchers saw this work and they didn't believe it. So they replicated the study and saw similar outcomes and it should make sense because our brains and our nervous system, it's all run on the fuel that we're providing it.

What if you're deficient into these things? Our brains literally can't work. At their highest potential, even quote normally if we're deficient and so understanding how important it is to improve our nutrition just so that we can better associate with each other, connect, problem solve at a higher level.

That's obviously important. We've been looking at this even with this weight loss conversation. Unfortunately, culturally through the lens of more vanity metrics and not looking at all these other health ramifications, it's just a better life overall. And so this is what I'm really excited about in talking with you anytime because you're looking at not just here's what we can do to help you lose weight, but we're seeing improvements in your skin health and your cognitive function and your feeling of love and connection, right?

You can't get all that with Ozempic. And that's just, it is what it is.

DR. WILLIAM DAVIS:

Have you heard of this phenomenon called ozempic phase that was coined in New York Times that it says so you take these drugs and you lose subcutaneous fat as well as abdominal visceral fat, but you do lose subcutaneous fat and you lose the muscle including in your face. And so a lot of people have said, Yeah, I lost 40 or whatever, and I looked 10 to 20 years older. So we're starting to see the exact opposite. If you're losing your wrinkles and you get more sebum that is moisture in your skin, and you're not losing as much subcutaneous fat and you're actually restoring muscle, including in the face.

I think we're seeing the exact opposite. We're seeing people look 10 or 20 years younger in addition to all the body who I'm trying to encourage people to do. Shawn is don't think I'm gonna lose weight. I think I'm going to lose abdominal visceral fat. Preferentially target that fat depot, and then also work to preserve or increase muscle.

But those efforts have to go beyond simple strength training. And by the way, ladies get upset with me. They say you're gonna send me to the gym two hours a day for four days. No, no one's saying that. If you go to the gym, it helps a little bit, do some strength training. But this all happens even without benefit.

of strength training. It just comes back. One thing I noticed is the people who were more muscular when they were younger. Let's say you're a shot putter or weightlifter at age 18. You're going to get a lot more return of muscle. So I believe everybody gets a return of muscle or most people do. But if you were more muscular when you were younger, you're going to get an even bigger one.

That's why I was a weightlifter when I was a kid. And I gained 13 pounds. In my 60s, Shawn, 13 pounds of muscle going to the gym 15 minutes once a week.

SHAWN STEVENSON:

Amazing. Amazing. You do look like you can choke the sh*t out of somebody. You know what I mean? That's what I first noticed about you. This is really remarkable because we're having a conversation.

About, yes, having access to these newly invented weight loss supportive drugs. In some instances, it's going to be helpful, but it's being positioned as the thing. And of course, seeing the results it's very seductive, very attractive, especially when people have, quote, tried so many different things.

And. What people aren't being educated about, however, is that none of this comes without a cost. There is no free lunch, as it's said. And you just mentioned this phenomenon of ozempic face and talking about what it really is. This loss of muscle as well, but there's some other concerning things. And again, we've got some really sound data on this and things like Intestinal paralysis, for example can you talk a little bit more about something like that?

How is that happening?

DR. WILLIAM DAVIS:

I can't speak to the mechanism, but I can tell you how catastrophic it can be if you've ever seen somebody who had intestinal obstruction. It's a surgical emergency because you can have rupture and you have sepsis where bacteria, fecal microbes enter the bloodstream. You can get sick really fast.

Real sick, like ventilator sick, shock sick and die. It bothers me, Shawn, as it bothers you, to think that somebody could pay a lot of money, have it endorsed by their doctor, and put themselves at risk for very serious, even life threatening I see this with estrogens. Ladies are often told, for instance, they need estrogen of some form, topical, oral, or intravaginal, for vaginal moisture or other symptoms of menopause.

Let's think about that. A woman is told Take this estrogen may be intravaginal or oral or topical and in order to be relieved some of the phenomena of menopause But you're gonna risk endometrial cancer and blood clots thromboembolic disease Is that the choice a woman really has to make and by the way, so one of the things I get excited about is Oxytocin is as good as estrogen in restoring reproductive health.

So think about that So mom delivers a child She eats that boost, an oxytocin. That's why they give ladies oxytocin drip at time of delivery to provoke uterine contraction. Is that Pitocin? That's Pitocin, exactly right. Yeah. But a woman should naturally have oxytocin to do that. And then the same oxytocin causes expression of breast milk for breastfeeding.

And that same oxytocin can cultivate a mother child bond after delivery to prevent postpartum depression. So huge effects in reproductive health and guys, 50 percent rise in testosterone ladies as a woman gets older, particularly in the late sixties. There's a lot of problems with vaginal atrophy dryness, irritation, and repeated urinary tract infections. This is a partial solution to that. And if you get the oxytocin via Ruterite and dodge this oxytocin, you're not going to risk endometrial cancer. There's no thromboembolic blood clots, but you might be happier and thinner.

SHAWN STEVENSON:

That's a great side effect. And really even when we're talking about these side effects, they're not side effects. These are direct effects. They're direct effects of doing certain things. And this GLP one agonist target, GLP one is one of, and funny enough, years ago I wrote Eat Smarter, maybe five years ago. I started the process of writing that book and talking about all these satiety-related hormones long before they were in vogue.

I talked about GLP one and mentioning that it slows the emptying of your gut. Alright, it slows the emptying of your stomach. It slows the process down so you feel fuller longer. And that's part of the problem is that it's targeting this thing in a vacuum as if it's not going to affect everything else.

And for some people they experience extremes of that. And now this is not going to happen across the board. Some people have seen great success with this. But what we're bringing to light here today is that if you stop, you're going to have to be on this forever. If you're not addressing the root cause and a sustainable solution for weight loss, you're going to see the same thing happen as a general calorie restriction. Regain of weight plus some and a reduction in your metabolic rate overall. Now we've already mentioned a couple of these key nutrients for supporting this process. You mentioned astaxanthin, hyaluronic acid and in particular this really important strain of bacteria. For more information on that and just more education from you in general, people of course can follow you online. by going to your website, dr.davis@infinitehealth.com, so that's dr.davis@infinitehealth.com for more information on that and much more. And I want to talk a little bit more about some of these natural food sources where we can find some of these things. You mentioned Oregon Meats, which for thousands upon thousands of years, humans have been utilizing those things.

But recently, of course, it's been dwindled out of our diet. And in particular, now there are a lot of diet frameworks that advocate against those things. And I want to talk about, in addition to organ meats, what are some of these other weight loss supportive foods that have some of these key nutrients?

You mentioned astaxanthin, of course. I know that is something that helps with the omega 3s in salmon, right? To stay more bioavailable and protected. So are there some other foods that you've targeted? You mentioned yogurt earlier. What about that?

DR. WILLIAM DAVIS:

So the yogurt, Shawn, is just a way to increase bacterial counts. One of the problems in the whole world of probiotics is it's very costly to purchase those microbes from a manufacturer. Thousands of dollars often per kilogram. And so when they sell you a commercial probiotic, it's typically very small counts of microbes. So the making this yogurt You don't have to do this, but it's one of the options people have is a way to increase bacterial counts. So I use an extended fermentation method. We ferment for 36 hours. Reuteri so as microbes don't have sex. There's no male or female microbes. They have a sexual reproduction. One micro becomes 22 becomes four. Rotari doubles every three hours or so at human body temperature. So we're gonna allow it to double 12 times over 36 hours. And we did something called flow cytometry on the yogurts. And we get about 300 billion counts per half cup serving. And so it's just a way to jack up those numbers for bigger effects. So that's one. That's one microbe. By the way, there are other microbes that you and I can restore for other kinds of effects. You can restore, for instance, Bacillus coagulans. This is a super gut conversation. You can restore, for instance, Bacillus coagulans. And that causes faster recovery from exercise or strenuous work. I have a tennis pro daughter, and I see her going through some of the really tough matches. She recovers faster because she's getting bacillus coagulans. Or how about lactobacillus gasseri, which is also a major colonizer of the small intestine, and it fights back fecal microbes. It's a big problem in modern people, Shawn. Modern people have allowed fecal microbes to proliferate. And then remarkably ascend into the small intestine, so called small intestinal bacterial overgrowth.

And gastrite is magnificently effective for colonizing the small intestine and producing bacteriocins. Natural antibiotics effective in killing fecal microbes. So we can go down the line of all the wonderful How about Lactobacillus casei? Very interesting microbe that dramatically amplifies your immune system, such that whenever everybody else around you is sick from a viral illness, you're not, you're much less likely to acquire that viral illness.

But if you do, you're likely to cut the duration of that illness in half. So it's an illustration, Shawn, of the power of restoring all the microbes we lost, the hundreds of species we've lost. We don't even know. About some of them, because if they're gone, how are we supposed to know? But a lot of that science has come out of the comparison of modern microbiomes to that of people living outdoors, hunting and gathering.

They have completely different microbiomes compared to us, though, curiously, those people living in the jungles of Brazil, the Anomaly or the Malawi in Eastern Africa, or the people of

Kenya, the Maasai, or the people of Tanzania, or the people in the highlands in New Guinea, their microbiomes look almost identical to each other, suggesting that's what we're supposed to look like.

But of course, we've drifted so far away, including, so restoration of lost microbes, big thing. And as you point out, the awful advice to cut fat, cut cholesterol, cause people to become to abandon consumption of organ meats and thereby collagen hyaluronic acid, two of the most powerful body composition nutrients you can get.

So people who don't get those things because they're squeamish about. eating sausage with the casing or eating some liver. They're causing acceleration of skin aging, acceleration of joint aging, loss of cartilage, acceleration of brain aging, acceleration of heart aging. So it's a return to the way things should have been with the carotenoids.

I think what's happening there. is there's been a dramatic reduction in carotenoid intake because you and I don't go gather wild plants. No one does anymore. Very few people do. We get produce grown in a hydroponic garden, for instance, that has very little carotenoid content. Or you get your food in a drive thru window in a clamshell or something like that.

Highly ultra processed foods. Ultra processed foods tend to be very low in carotenoid content. This is true for many other nutrients also. Magnesium, some others. But these are the four that reuteri collagen peptides, hyaluronic acid, and astaxanthin that are very critical for body composition and the shape of your body.

By the way, hyaluronic acid, really so interesting. Ladies know about it topical. But take it orally and it's a fiber. It's one of the few fibers obtained from animals, not from plants. Almost all fibers come from plants. Hyaluronic acid is a fiber that comes from animals. Most rich in brain tissue and skin.

As well as some others like tongue, you restore hyaluronic acid orally. It gets to the skin and increases dermal moisture. Moisture in the dermal layer of skin. It increases joint lubrication because the synovial fluid of your joint is largely hyaluronic acid and it feeds the microbes in your GI tract.

These are very important microbes like Acromancea and Fecalibacterium. They take that hyaluronic acid and convert it to a fatty acid called butyrate. That has all the, as wonderful effects all throughout the body. Reduction in insulin resistance, reduction of abdominal fat, reduction of blood pressure, reduction of blood sugar, deeper sleep.

Better dreams and better skin because the butyrate butyric acid acidifies the skin. Healthy skin is mildly acidic and it discourages proliferation of pathogenic species like staphylococcus aureus. And so you acidify the skin. Those pathogens like staphylococcus aureus are diminished and you're less likely to have redness, dryness, rosacea, psoriasis, seborrhea, and eczema.

SHAWN STEVENSON:

Wow. That's so powerful. And photosensitivity. as well.

DR. WILLIAM DAVIS:

Yes, that's right. That's right. Acesanthin, especially in combination with vitamin D. It doesn't make you impervious to sunburns or sun damage, but it makes it much more difficult. Exactly right, Shawn.

SHAWN STEVENSON:

Yeah. Oh, I love this. We've got a quick break coming up. We'll be right back.

Hippocrates, the father of modern medicine, stated that all disease begins in the gut. We often think of this in terms of chronic diseases. But this holds true for infectious diseases as well. He had a plethora of nutritional treatments for his patients. And according to a study cited in the journal frontiers and pharmacology.

One of his most notable treatments for preventing infections was propolis. Propolis is time tested immune support from the world of bees. And today, numerous peer reviewed studies are affirming its benefits. One study published in the peer reviewed journal Antiviral Chemistry and Chemotherapy revealed that propolis has significant antiviral effects, specifically in reducing viral lung infections.

Now, a little fun fact is that Hippocrates used propolis both internally and externally for his patients. And again, today, the external benefits are being highlighted in new studies as well. This study published in phytotherapy research found that topical propolis. That was applied a few times a day. It was three times a day in this study accelerated the healing of cold sores faster than the placebo group. The researchers found that topical propolis not only reduced the amount of herpes virus present in a person's body, but it also protected the body against future cold sore outbreaks. One other study, and again, there's so many, This is a meta analysis of multiple studies published in the Evidence Based Complementary and Alternative Medicine. And they found that propolis has antiviral, antibacterial, antifungal, and antitumor properties. It is well noted to be an immunomodulator that increases the body's resistance

to infection. This is one of the most supportive things that you can do for your immune system. And it's one of my favorite go tos that I use on a regular basis.

And I'm talking about the Propolis Immune Spray from Beekeepers Naturals. Go to beekeepersnaturals.com/model and you're going to get 20 percent off their propolis immune spray and also store wide on their other incredible bee products including their superfood Honey, and their royal jelly supplement.

That is incredible for our cognitive function go to [beekeepersnaturals.com/ model](https://beekeepersnaturals.com/model) for 20 percent off. Get yourself hooked up right now with their incredible propolis immune spray. It is something that I always have on hand. I travel with it. It's actually in my bag right now, but whenever I'm traveling and on the road and also just keeping my family healthy, proactively, especially during cold and flu season, hop over there, check them out, beekeepersnaturals.com/model for 20 percent off. And now back to the show.

Now, to get back to the broader aspect of this conversation and the conversation about microbes. All right. So just overall, why in the world are microbes so influential over our health?

DR. WILLIAM DAVIS:

Good question, but it's an odd, collaboration that's been true for billions of years.

It's true for all living creatures. So not just for humans, not just for possums and raccoons and deer, also for insects and butterflies. They all have a microbiome. So it's really a wonderful illustration of the symbiotic relationship that humans have with microbes. And yet if you're a wild animal, if you're a wild wildebeest or a gazelle living in the wild, you have a normal microbiome.

It's us that have decimated this thing called the microbiome. And the thing is, it's showing up in so many ways that many people are not suspecting as due to a disruption of the microbiome. It could be psoriasis. It could be. It could be depression. It could be violent behavior and anger, as you pointed out in your prison study. It could be joint pain. It could be low testosterone. It could be loss of libido. It could be loss of muscle. Could be, in other words, I don't think there's any area of health, any disease outside of infection and injury that we should reconsider all those conditions in light of the contribution of the microbiome.

One thing important for your listeners to also factor in, is one of the things that reuterite does, and gassorite too, two very unique microbes. So most microbes colonize the colon,

where they're supposed to be, but reuterite and gassorite, very unique. They colonize the 24 feet of small intestine. Where they produce those bacteria since those natural antibiotics effective against fecal microbes, the fecal microbes that in my estimation, one in two Americans, 150 million Americans have the infestation of the small intestine with fecal microbes.

Now people don't recognize it as that because they recognize it as obesity or type 2 diabetes or depression and anxiety or all the other common conditions. So the key here is if your doctor says, John, your blood pressure is high. It's 150 over 100. We're going to put you on a thiazide diuretic and a beta blocker and an ACE inhibitor.

He just subjected you to increased risk for sudden cardiac death, depression, 30 percent increase in risk for type 2 diabetes, and other health conditions for a condition that you could have controlled easily with a much more natural method of restoring loss factors. And by the way, there's something called residual risk.

In that situation, the doctor gives you three prescriptions for blood pressure. You now have a normal blood pressure, but you have not eradicated risk for stroke, heart attack. Cognitive impairment, etc. That's called residual risk. It's a big bugaboo in conventional medicine. They know that we give you all those drugs, sometimes at great risk, and yet you're still at risk for all those conditions.

Because nothing approaches the benefits of doing it naturally. So we're not doing second best here, Shawn. We're doing much better than what they accomplish in conventional health care.

SHAWN STEVENSON:

Yeah. And this whole concept of polypharmacy in and of itself, the more we're stacking things in here, the more, quote, side effects that we're going to potentially see. And enough is enough. And this is why your work is so important. And you've been leading the charge for many years now. And in particular, helping us to remove some of the underlying causes, right? So again, somebody's coming in and they have. Whatever the symptom might be dysregulated blood sugar or hypertension.

If we're not looking at the person as a whole and looking at how could their gut be influencing some of these symptoms that they're experiencing, instead we're targeting that one thing, treating you like you are like the symptom is operating in a vacuum. It's just silly. And you pointed out some very explicit foods that can be contributing to some of these problems.

One of those being conventional wheat. All right. You literally wrote the book on this. All right. And you've seen this and it's ridiculous. Just in a good way. This is more like ridiculousness. The TV show, shout out to Rob Dyrdek. All right. This is more like, that's amazing. How many success stories you have by people pulling out conventional wheat.

So why? And if you could, I want to talk about, you've mentioned ultra processed food a couple of times, but I want to talk about three foods that we should avoid. That can be contributing to excess weight gain. And let's start with conventional wheat.

DR. WILLIAM DAVIS:

Oh boy, okay. Conventional wheat, of course, Shawn, is not what we thought was wheat. It's the creation of genetics research from the 1960s and 1970s where there were noble intentions to try to feed the hungry of the world by increasing yield per acre of, in this case, wheat, corn, and soy. So a lot of fun, a lot of research was funded east of Mexico City and they succeeded after thousands of genetic experiments.

They took conventional four and a half foot tall or five foot tall wheat and turned it into a short 18 inch to 24 inch tall, thick stalked large seed head variation. But it is dramatically different. It's dramatically different genetically, it's dramatically different biochemically. So they took something that was always harmful for humans, even if we go back 10 12, 000 years and ask, what happened to the first humans who consumed wild wheat?

Wild einkorn wheat, the ancestral 14 chromosome form of wheat. What happened to those people who, in desperation when they were hungry, they discovered that they've If they isolate the seed of a wild wheat plant, they could pulverize it, dry it and make porridge out of it. This is pre Egyptian empire when they made beer and bread out of it.

So many thousands of years before that, they discovered they could eat this. What they didn't know and became clear in the historical record is when humans turned a wild einkorn wheat ancestral form, there was an explosion in arthritis. There was an explosion in deficiencies because you can see evidence in the bony record something called Parotic Hypersthis and Cripple Orbitalis. These are bone markers of deficiency, especially of iron deficiency. And there was a huge Surge and dental decay. So prior to the consumption of grains, dental decay was almost unknown, Shawn. One to three percent of all teeth recovered showed evidence for cavity formation, abscess, or tooth loss, or misalignment.

When humans turned to wild einkorn wheat, this is because of the amylopectin A carbohydrate, by the way, Not the glide and not the gluten, but other things besides that. There was 16 to 49% of all teeth recovered, showed decay abscess, misalignment. Now think

about that one to 3% prior to consumption of grains. There was no toothpaste. There was no fluoride toothpaste. No toothbrushes. There was no dental floss. There's no orthodont. There's no periodontists. There's maybe a twig. To pull out that piece of wild boar from between your teeth. That's all you had. Yet there was almost no tooth decay. It was the adoption of grains that led to, and of course all throughout history, humans have found ways to try to prevent that from happening.

It was not uncommon. For instance, in the middle ages, 19th century. to have a mouthful of no teeth or a few teeth into your teens and twenties. That was the rule. Now we, of course, compensate by these extremes of dental hygiene to try to maintain. But even then, for instance, 25 percent of adults in Canada are toothless, completely toothless.

So it still happens because we've been told cut your fat, eat more healthy whole grains. And we didn't tell you that we changed the grains dramatically to amplify the adverse side, not intentionally inadvertently.

SHAWN STEVENSON:

Whoa. All right. So with this being said, and again, you wrote the book on this wheat belly, New York Times bestseller, mega hit book changed the game. There have been many different projects and books to come since that are just echoing your work, but you raise the alarm. Are you saying to just avoid all bread at all costs? Or is it a certain type of bread?

DR. WILLIAM DAVIS:

Shawn, the example I've used over the years is if I said, Shawn, low tar cigarettes because they have less tar and put a filter on it, less likely to cause lung cancer and heart disease may be true.

So if that's true compared to full tar, unfiltered cigarettes, should we conclude that we should smoke? Low tar filter cereal. Of course not, right? Same thing here. There's just no way to completely inactivate all the adverse effects of this thing called wheat that never should have been part of the human diet in the first place.

So there's that gliadin protein. We know with confidence, Shawn, that it's the initiating factor in many autoimmune diseases. Certainly rheumatoid arthritis and type 1 diabetes in children. The initiating factor is the gliadin protein of wheat. We know that the gliadin protein of wheat Yields opioids upon partial digesting because humans don't have the enzymes that break it down fully into single amino acids.

SHAWN STEVENSON:

Gluteomorphins?

DR. WILLIAM DAVIS:

Gluteomorphins. Exactly right. Yeah. Go to your brain. They don't make you high. They stimulate appetite. The food industry loves this. It increases your appetite, it increases your food consumption, it increases your food buying behavior, and in the most extreme cases, like bulimia and binge eating disorder.

These are the people who sit in front of their refrigerator at 3 a. m. and then go to the toilet and purge. Those people, they'll tell you. I went wheat and grain free for the first time in 30 years. I no longer obsess about food. I'm in control of my appetite. It's really a fabulous effect. So there's those effects.

There's wheat germ agglutinin, which is a very potent bowel toxin. If I isolate a milligram, just a speck, and give it to a rat, its entire GI tract is denuded, eroded, and raw. And yet, modern people get about 18 to 19 milligrams per day of wheat germ agglutinin. It's a very potent bowel toxin. There's phytates.

Those are the things that bind minerals. So if you eat a sandwich or a bagel, it binds almost all the iron. Zinc, manganese, magnesium and calcium. You poop it out in the toilet. That's why there's, I used to see tons of ladies with iron deficiency anemia. And these poor ladies would get bone marrow biopsies and blood transfusions and injectable iron and iron tablets.

And they're living with hemoglobins of 7 or 8, which is much lower than a normal 12 or so. They're breathless. They're cold. They're tired all the time, they can't function, go wheat free, two weeks, gone. I've seen it over and over again. Magnesium deficiency. There's almost no magnesium left in modern produce because of modern farming methods.

And of course, water filtration removes all the magnesium. Water filtration is very good at removing all magnesium. So we are massively magnesium depleted. To make it worse, phytates bind what little magnesium you have in your gut and you poop it out. Over and over again, Shawn. There's so many mistakes being made by this idea of cut your fat. That's wrong. Eat more healthy whole grains. Even worse. And I say all this because people say, I don't have a gluten problem. I don't have celiac disease. I can eat wheat and have no problem. Yeah, you do have problems. You might not be aware of it. That's activating certain changes in your immune system that you didn't know amylopectin a that's the carbohydrate of wheat that raises blood sugar ounce for ounce higher than table sugar is provoking formation of small LDL part of the real cause of heart disease, not LDL cholesterol.

That thing trumped up by the pharmaceutical industry. for billions of dollars of profit, but the tragedy by the way, Shawn, of the whole statin drug, reduce your cholesterol, all that stuff is that it took everybody's attention off the real causes of heart disease. Those are identifiable and easily manageable with natural methods, but no one has a pot of gold to get out of that.

So they all focus on this LDL cholesterol, statin drugs. The reality is you can have magnificent control. You can even regress in many instances, coronary. Disease risk for heart disease by doing other things, including elimination of the amylopectin A of wheat and grains.

SHAWN STEVENSON:

One of those little-known side effects for the average person who's prescribed a statin is muscle pain and weakness, right?

And if we, again, we're talking about longevity and we'll put the study up for everybody to see a recent huge analysis was done looking at. Does taking statin actually extend lifespan? And we're talking about a matter of days here. Like you might get like upwards of a hundred more days or a hundred less days.

So the, this study looking at does this potentially protect people from dying prematurely? It just doesn't hold up. Plus we see significantly higher incidence of developing insulin resistance and diabetes when you take the statin again it's not without a cost and it's not addressing the root cause. And with this being said. When we took out the fat, took out the cholesterol, we added in a lot more sugar.

So would that be the second of these three? I want to cover three. So we've got wheat. What about sugar?

DR. WILLIAM DAVIS:

Big problem. Yes, absolutely. Shawn. No question. So sucrose and other forms of sugar likewise cause the development of small LDL particles. This that small LDL particles very confusing to people.

But all it means is that you consume foods that are sugars, such as the amylopectin A of wheat or sucrose or high fructose corn syrup. And your liver is very good at converting that to fats. That's called de novo lipogenesis. Your liver's conversion of sugars carbs to triglycerides. Those triglycerides are released into the bloodstream and they modify your LDL particles.

And not LDL cholesterol, but LDL particles themselves. And those LDL particles become small. And small particles the liver doesn't recognize. And they go around and around in circulation for five to seven days. As compared to a large LDL normal particle, lasts about 24 hours. So that consumption of that bagel or that sugary ice cream, whatever cause formation of small LDL that persists five to seven days.

So that one indulgence per week gives you 52 weeks per year of increased cardiovascular risk. That's how dangerous this exposure to everything moderation. Cut your fat, eat more healthy. All that stuff causes heart disease. That's another thing, that a lot of the conventional advice, all that stuff we hear, cut your calories, move more, eat less, eat more healthy, hold grains, cut your fat, increases risk for heart disease.

SHAWN STEVENSON:

All right. So we've just covered two of these major culprits in our epidemics of weight gain, right? We've got wheat. We've got. This crazy amount of sugar that the average person is consuming now. What's one more?

DR. WILLIAM DAVIS:

It's a class, Shawn, but food additives. This includes preservatives. So preservatives keep mold from growing in your food, for instance, but they're also antimicrobial in your GI tract.

Or how about emulsifying agents like polysorbate 80, or carboxymethylcellulose, or carrageenan, in your ice cream! Ice cream, by the way. with emulsifying agents because they don't want you to have it thaw, put it back in the freezer and gets all hard and separated, right? So to prevent that, they add all these emulsifying agents, but those emulsifying agents disperse your intestinal mucus, just like putting a drop of dishwashing liquid into an oily sink full of oily dishes, disperses that oil right away.

Same thing happens in your GI tract. And by the way, also with the. PrEP they use for your colonoscopy, the polyethylene glycol, also very powerful way to disperse your intestinal mucous barrier. When you lose your mucous barrier, even for a few minutes or a few hours, Bacterial breakdown products enter your bloodstream, and they play all kinds of nasty games with your metabolism, weight gain, insulin resistance, et cetera.

And so the emulsifying agents, big problem. Synthetic sweeteners, the synthetic non caloric sweeteners, especially aspartame, saccharin, and sucralose. Those also, they take, even if you are a nice, slender, fit person. With a normal microbiome gastrointestinal microbiome, it gives you, those synthetic sweeteners give you the microbiome of an obese type 2 diabetic.

And they push you towards being more obese, more diabetic. Just those sweeteners. Yeah, we have millions of people consuming these diet drinks, and other foods sweetened with those awful sweeteners. And there's, of course, many others. But we swim in a sea of these food additives. And among the effects is disruption of the gastrointestinal microbiome.

In a lot of ways, it's just a return to real food, the things that great grandma had. And by the way, great grandma loved sheep brain, and she loved heart, and she loved serving you tongue. And sausage encasing, and stomach tripe. A lot of people don't want to do that. And that's why I talk about collagen, hyaluronic acid, and astaxanthin.

Because if Mary Jane from Wichita says, There's no way I'm serving brain to my family, or serving tongue, or stomach, then, second best, we can take it as supplements.

SHAWN STEVENSON:

Amazing. Amazing. And there's this growing category of, quote, obesogens. So a lot of those fit. More and more things that we, again, we normalize are going into that category, these supersede this calorie in calorie out paradigm, it changes our metabolism in a way that makes us store fat.

And so these obesogens, a lot of these chemical additives are in that camp. And you said it, I'm just thinking back. To my grandmother and my mom and some of the things that they would cook and eat. And things like tripe. And I just, of course, thought it was super weird. I was trying to eat my fish sticks and my, and my grandmother, my grandma older May making chitlins and all these different things.

Just are you kidding me? There's no way I'm eating that stuff. And what we've gone from, and it's not to again, glorify these foods, but versus what we have today, which is this paradigm of ultra processed foods. Where, and this is according to the BMJ, 60%, 62 percent of the average American adult, their, our diet is ultra processed foods.

So these are fake foods. They're so far removed from anything real or natural. And with kids though, this is where the biggest issue is. And this was published in JAMA. 20 year analysis. By 2018, the average child in the United States diet was about 68 percent ultra processed foods. I was one of those kids, but I was on the higher, as that's the average.

So it's gonna be some kids lower in the spectrum. I was at the higher end, probably upwards of 90 percent of my diet. And we're choosing what we're making our bodies out of. We're choosing what we're feeding our microbes. As you've really helped us to understand today and how important that is and just returning to real food, but a big part of that is educating ourselves, really digging into that.

Why? Because we're surrounded, we're swimming in a sea of Funyuns and Pop Tarts and the list goes on and on. And so it's really refreshing to see somebody who is as educated and remarkable. As you and such a great teacher, I just love listening to your voice and I actually prior to this episode just sat and was listening to one of your lectures that you posted and it's just really refreshing to learn from somebody.

You could just tell how genuine you are and I appreciate you doing the work for all of us. And of course, we have our St. Louis connection as well. But I appreciate you doing the work for all of us. You've got some wonderful books. Wheat Belly, Undoctored is a must read. Undoctored is an absolute must read and Supergut is your most recent book.

Can you tell people where is the best place to pick up copies of your books to connect with you, get more information, all that kind of good stuff?

DR. WILLIAM DAVIS:

The books are at all bookstores and Amazon, of course. My main, I try to consolidate some of my properties and by the way, my main Facebook page was hacked and taken down by hackers about a month ago.

I've lost that but there's still plenty of other Facebook page, Instagrams, et cetera. But the main kind of hub is my drdavisinfinite, the awkwardly named drdavisinfinitehealth.com blog. And by the way, Shawn, I appreciate deeply what you do because it, You and I are no longer welcome perhaps on CBS or NBC or ABC because they get paid by the pharmaceutical industry.

And so what you're doing and other podcasters is so critically important. And I'm so grateful you've had the popularity and success you had because people need to hear your message.

SHAWN STEVENSON:

Thank you. That means a lot. I really do appreciate that. Everybody make sure to pick up copies of Dr. William Davis's books.

Check out his website, get more information. I appreciate you so much for coming to hang out with us.

DR. WILLIAM DAVIS:

Oh, thank you, Shawn. Thanks for all you do.

SHAWN STEVENSON:

Dr. William Davis, everybody.

SHAWN STEVENSON:

Thank you so much for tuning into this episode today. I hope you got a lot of value out of this. This is obviously a massive issue in our society today, but there are solutions. It's really a matter of what you're tuned into. And I'm so grateful for that acknowledgement from Dr. Davis and the work that we're doing in allowing, creating a platform for this information to get from the world leading experts to the people, because unfortunately there's so much noise, there's so much confusion, but We have the power.

We have the power to make change. We have the power to share this information with the people that we care about. And that's what I'm going to ask of you today. Share this out with somebody that you love. Share this via text. You can text them this episode right from the podcast app that you're listening on.

You could send this via DM. It goes down in the DM. You can share this on social media, of course, take a screenshot of the episode and tag me. I'm at Shawn model on Instagram and tag Dr. Davis as well. I'm sure he would love to see the love. And by the way, make sure that you are following The Model Health Show on Apple podcasts.

All right. Apple's most recent update. Cause some mayhem. All right. So a lot of folks were, unfortunately, not getting the latest episodes of the show because of this little change that Apple made. And so make sure that you pop over to The Model Health Show homepage on Apple podcasts. And hit the follow, right?

There's a little thing up in the top right-hand corner. Make sure that you are following the show so you don't miss a thing. And listen, we got some amazing shows coming your way. World-leading experts, powerful masterclasses, and so much more. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

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And I appreciate that so much and take care. I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.